

Clinical Considerations for the Use of Atypical Antipsychotics for Treatment of Depression

Fuentes, DG; Lassiter, JJ; Petilla-Foeppel, M.
ASHP 2010 Midyear Clinical Meeting, Tuesday, December 7, 2010

Differentiating between Depression and Schizophrenia

	Schizophrenia	Depression
What are some risk factors?		
What/which neurotransmitter(s) is/are associated with pathophysiology?		
List hallmark symptoms:		
Notes:		

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Options for Treatment-Resistant Depression in Patients with Axis I Co-morbidities

Patient Information Form (PIF)

Patient Initials: J.G.

Patient Age: 23 years old; D.O.B.: 1987

History of Present Illness:

A female patient presents to the acute psychiatric facility (brought in by husband this morning). Her husband reported that she has been tearful and melancholy for the past 4 days. Husband reports she has not been sleeping or eating well over the past month and that she seems withdrawn and looks physically, mentally, and emotionally “not there.”

Chief complaint:

“I want to die...”

Past Psychiatric Medical History:

Bipolar II; Major depressive disorder; generalized anxiety disorder, body dysmorphic disorder history, anorexia nervosa and bulimia nervosa

Detailed Medication Use History:

<i>Medication Used</i>	<i>Duration of treatment</i>	<i>Reason Stopped</i>
Fluvoxamine	8 months (daily dose: 200 mg)	“headaches”
Fluoxetine	14 month (daily dose: 80 mg)	“lacking effects
Sertraline	12 months (daily dose: 150 mg)	“never worked”
Mirtazapine	3 months (daily dose 30 mg)	“I don’t want wt. gain”
Diphenhydramine	Off-and-on (used 50mg PRN)	“so fatigued“
Caffeine	1 year (daily dose: 600 mg)	“made me manic before”
Carbamazepine	5 months (daily dose: 1200 mg)	“I was so weak.”
Lorazepam	1 month (daily dose: 4 mg)	“MD took me off.”
Buspirone	4 months (daily dose: 30 mg)	“made me agitated”
Duloxetine	9 months (daily dose: 60 mg)	“couldn’t sleep”
Nortriptyline	6 months (daily dose: 40 mg)	“...blurred vision”
Quetiapine	4 months (daily dose: 200 mg)	“...blurred vision.”
Ziprasidone	8 months (daily dose: 240 mg)	“chest pain.”

Intolerances:

Reports not wanting to try “anything I have used in the past” for fear that she has become “resistant to it according to what I have read and understood about pharmacology” from “various resources.”

Medical Diagnoses

Seasonal allergies, “pre-diabetes,” current smoker (2PPD), and headaches

Personality disorders

Meets criteria for borderline personality

Surgical History

Rhinoplasty (3 times); breast augmentation; liposuction (2 times)

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Past Stressor History:

Dismissed from medical school for academic misconduct 4 years ago; has been unable to interview for admission at other schools due to embarrassment and guilt.

She reported at the time that she had multiple problems happening in her life including a divorce, legal complications and problems with adhering to her medication regimen.

Her last manic episode was during this time and she stated she tried to take her exam without adequately preparing because she thought she "could remember everything." During the exam, she got out of her chair and started to cry, asking proctors, her professors, and colleagues for answers.

She started to have physical symptoms consistent with severe anxiety and panic disorder. She has never had a manic episode of this magnitude again and denies having ever had a panic attack like this again.

Childhood/Early Adulthood:

JG grew up in the suburbs of the Midwest in Indiana, United States. She was oldest of 4 children and her parents divorced when she was 14. Significant events described by JG include: being molested by a male relative (uncle) at age 13, and being bullied by an older girl in high school for 2 years. She dropped out of high school at the age of 17, but completed her G.E.D. and attended a community college.

Adulthood and Relationships:

She married during college and everything seemed to be going well as she was accepted to medical school. Her husband became more jealous of her experiences and this led to a divorce, but not before she became pregnant by her husband. During her pregnancy they went through a bitter divorce and she subsequently miscarried during medical school and took 3 years off from school.

Education:

Bachelor's degrees in business and biology
Certificate in management
2 semesters of medical school completed

Current Occupation:

Shift manager at Dunkin' Donuts. She started working there years ago and has been in the same occupation off-and-on for the better part of a decade. She has always had a place in this company when "other plans haven't worked out."

Current Prescription Medications:

Trazodone; Escitalopram; Valproate Clonazepam; Loratidine; Topiramate, Olanzapine

Current Prescription Medication Specifics:

<i>Medication</i>	<i>Dose</i>	<i>Indication</i>	<i>Toxicity</i>
Trazodone	150 mg QHS	Sleep/Sexual ADR	Denies
Escitalopram	20 mg QAM	Mood / Depression	Sexual ADRs
Valproate	500 mg TID	Mood / Stability	Denies
Clonazepam	0.5 mg BID PRN	Anxiety	Denies
Loratidine	Not using	Seasonal allergies	Denies
Topiramate	200 mg QAM	Mood / Headaches	Daytime sleepiness
Olanzapine	60 mg daily	Mood / Stability	Weight gain